

Case Management

For participants choosing not to self-direct services (definition same as other waivers), Case Management is a service that assists participants gain access to needed waiver and other State Plan services, as well as medical, social, educational and other services, regardless of service funding source. Case managers are responsible for the following functions:

- Assessment and/or reassessment of the need for waiver services;
- Initiating the process to evaluate and/or re-evaluate the individual's level of care
- Linking waiver participants to other Federal, state and local programs;
- Development of the plan of care adhering to the DD Division's policies and procedures;
- Coordination of multiple services and/or among multiple providers;
- Ongoing monitoring of the implementation of the plans of care;
- Ongoing monitoring of participants' health and welfare;
- Addressing problems in service provision, including problems found during the ongoing monitoring of the implementation of the plan of care or concerns with a participant's health and welfare;
- Responding to participant crises;
- Reviewing service utilization and documentation of all services provided on a monthly basis to assure the amount, frequency, and duration of services is appropriate.

Subsequent assessments are provided as part of ongoing case management and will include the necessary collaboration of professionals to assess the needs, characteristics, preferences and desires of the waiver participant. Case managers shall initiate and oversee the subsequent assessments. These include the psychological assessment, which is required for continued eligibility, and any other assessments that are necessary to determine the participant's needs.

For participants who choose to self-direct services, Case Management is a service that is responsible for:

- Assessment and/or reassessment of the need for waiver services;
- Initiating the process to evaluate and/or re-evaluate the individual's level of care
- Working with the participant, Support Broker and other team members on development of the plan of care that
- addresses the participant's needs, and submission of the plan of care to the Division adhering to the DD
- Division's policies and procedures;
- Ongoing monitoring of the implementation of the plan of care, including monitoring self-directed services and
- Traditional services;
- Ongoing monitoring of participants' health and welfare;
- Addressing problems in service provision, including problems found during the ongoing monitoring of the
- implementation of the plan of care or concerns with a participant's health and welfare, working with the

- participant , Support Broker and plan of care team members as appropriate;
- Responding to participant crises;
- Reviewing service utilization and documentation of all services provided on a monthly basis, including all self-directed services, to assure the amount, frequency, and duration of services is appropriate.

The role of the Case Manager is to monitor the implementation of the individual plan of care and provide coordination and oversight of supports but not “hands on” involvement in identifying and securing supports. Those are duties of the Support Broker.

Some participants who are self-directing may choose to not have a Support Broker. This may be because they are skilled enough to complete those tasks themselves (as determined through assessment) or they have natural supports that can assist them. In these cases, the general oversight responsibilities of the case manager are sufficient to monitor the participant’s self-direction efforts.

This service is reimbursed on a 15-minute basis. The case manager is required to complete the following monthly:

- A home visit with the participant present to monitor the participant’s health and welfare, as well as to discuss satisfaction with services and needed changes to the plan of care with the participant.
- Direct contact each month with participant and/or guardian, which must include the home visit but may also include observation of services to assess implementation of the plan of care, telephone contact with participant or guardian and/or meeting with the participant and/or guardian to complete follow up on concerns identified through incident reports, complaints or identified through other means. These contacts must be documented with time in and time out and cannot exceed eight units per month.
- Follow-up on all concerns or questions raised by the participant, guardian or plan of care team or identified through incident reports, complaints or through observation of services.
- Reviewing service utilization and provider documentation of service, identify significant health changes, trends through incident reports, evaluate the use of restraints and restrictive interventions, interview participant and/or guardian on satisfaction with services, and complete follow-up on concerns identified in any of these processes.

A parent, legally responsible person, or guardian may provide case management services to their ward if they meet all the provider requirements and complete the process to become a certified Support Options Waiver Medicaid Waiver case manager, including signing a Medicaid provider agreement. Wyoming state law does not permit parents or legally responsible persons to be reimbursed for services provided to their ward but the parent or legally responsible person may provide the service in accordance with the case manager requirements with no pay. However, they can be reimbursed for case management services they provide to other Support Options Waiver participants who have chosen them to provide these services.

Case management services on the waiver can only be billed and reimbursed after the plan of care is approved by the DD Division. Prior to entrance to the waiver, targeted case management services are reimbursed through the Medicaid State Plan.

Day Habilitation

Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice.

Services are furnished four (4) or more hours per day on a regularly scheduled basis for one (1) or more days per week or as specified in the participant's service plan. Day habilitation services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the service plan.

In addition, day habilitation services may serve to reinforce skills or lessons taught in other settings. Individuals in Day Habilitation may be paid for work activities if the focus of the activity is not independent employment but a means to encourage acquisition, retention, or improvement of skills. If an organization is paying less than minimum wage, all wage and hour labor laws will be met. All transportation including trips to and from the residence, therapy, volunteer sites, and any community activities will be included in the rate.

The plan of care must identify either the daily unit or the 15-minute unit based on the participant's need. The daily unit requires a minimum of four (4) hours a day of service and assumes five (5) units per week. Units will be based on individual need with the maximum of 15-minute units being 3750 units in a plan year. Day habilitation services cannot be provided during the same time period as other waiver services, which is subject to audit by the Program Integrity Unit within the Single State Medicaid Agency.

Homemaker

Services consisting of general household activities such as meal preparation and routine household care, which are provided by a trained homemaker when the individual regularly responsible for these activities is unable to manage the home and care for himself/herself or others in the home or when the person who usually does these things is temporarily unavailable or unable to perform the tasks. Service does not include direct care/supervision of waiver participant. Service is available to waiver participants in all age groups. Plan limit is 156 hours, with a maximum of 3 hours per week per household.

Life Skills Training

Individually tailored supports that assist participants with the acquisition of, retention of, or improvement in skills related to living independently in the community. These services are designed to increase or maintain the participant's skills and independence, and promote self-advocacy. Life Skills Training services are for participants who live with unpaid caregivers or who need less than 24-hour supervision and support.

Supports include:

- Adaptive skill development;
- Assistance with activities of daily living;

- Support during transportation;
- Adult educational supports; and
- Social and leisure skill development.

Services include:

- Personal care;
- Assistance with money management;
- Assistance with maintaining social, spiritual and individual relationships;
- Reminding, observing and monitoring medication and pharmacy needs;
- Providing assistance with the self-administration of medication; and
- Community access, which is designed to promote maximum participation in community life, support individuals in achieving their desired outcome, promote self-advocacy, and enhance a waiver participant's ability to control his/her environment through focused teaching of adaptive skills, self-help and socialization skills.

Services are provided in integrated settings with persons who do not have disabilities. Community access services cross the lifespan from childhood to adulthood. Supports include facilitation of inclusion of the individual within a community group or volunteer organization; opportunities for the participant to join formal/informal associations and community groups; opportunities for inclusion in a broad range of community settings including opportunities to pursue social and cultural interests, choice making, and volunteer time.

Life Skills Training is a 1:1 service, with a 15-minute unit, and is available to participants of all ages. Services may be used in conjunction with Companion Services for participants ages 18 and up and in conjunction with Children's Habilitation Services, respite, and personal care if the participant is under age 18. Life Skills Training services have a limit based upon the participant's need and budget limit. For participants through age 21, Life Skills Training services cannot duplicate or replace services covered under IDEA and services cannot be provided during school hours.

Personal Care

A range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis. Health-related services that are provided may include or nursing care and medication administration to the extent permitted by State law.

Such assistance may include assistance in performing activities of daily living (ADLs-bathing dressing, toileting, transferring, maintaining continence) and instrumental activities of daily living (IADLs -more complex life activities, e.g. personal hygiene, light housework, laundry, meal preparation, exclusive of the cost of the meal, transportation, grocery shopping, using the telephone, medication and money management). The participant must be physically present. Personal care may be provided in the participant's home or in the community. Transportation costs must be included as part of this service.

This is a 1:1 service based on individual needs. Personal care is available to participants of all ages. Personal care services are included in Children's

Habilitation Services, Companion Services, and Supported Living services; therefore, Personal Care cannot be provided in conjunction with those services.

Respite

Services provided to participants unable to care for themselves. Respite is intended to be utilized on a short-term basis because of the absence or need for relief of the natural caregiver. Respite cannot be used as a substitute for care while the primary caregiver is at work. Respite must be episodic, for special events when the caregiver needs relief. It cannot be used for daily scheduled supervision. The amount of Respite services authorized shall be based upon need.

Respite care may be provided in the waiver participant's home, the private residence of a Respite care provider, or in a group home, as long as the staff person in the group home does not have supervision duties to others living in the group home.

Respite care may include activities that take place in community settings such as parks, stores, recreation centers. Service is a 15-minute unit with a limit based upon the participant's need and budget limit, not to exceed 7,280 units per plan year. Services provided must be provided as relief of the primary caregiver, should primarily be episodic in nature, and not used when parents or unpaid primary caregivers are working. Respite can only be provided to two participants at the same time unless a participant's plan of care requires 1:1 support. Providers cannot provide respite services to children and adults at the same time, unless approved in advance by the DD Division.

Supported Employment

Supported Employment Service consists of ***Individual Community Integrated Employment Services*** and ***Group Employment Services***.

Individual Community Integrated Employment Services are intensive, ongoing supports that enable a participant, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of his/her disability, need supports to perform in a regular work setting. This may include assisting the participant to locate a job or develop a job on behalf of the participant. Services are conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Individual Community Integrated Employment includes activities needed to sustain paid work by a participant, including supervision and training. When Individual Community Integrated Employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

Objectives must be identified in the participant's plan that support the need for continued job coaching. The job coach must be in the immediate vicinity and available for immediate intervention and support. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that is not directly related to an individual's supported employment program.

Group Support Employment Services consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Group Supported Employment may include assisting the participant to locate a job or develop a job with a community employer. Group Supported Employment includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

Group Supported Employment can include employment in community businesses or businesses that are part of a provider organization. Transportation is included in the reimbursement rate. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that is not directly related to an individual's supported employment program.

Service available to waiver participants 18 years of age and older. Documentation must be maintained in the participant file verifying this service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Supported Living

Supported Living Services assist persons with disabilities to live in their own home, family home, or rental unit. These individuals do not require ongoing 24-hour supervision but do require a range of community-based support to maintain their independence. They require individually tailored supports to assist with the acquisition, retention, or improvement in skills related to living successfully in the community. Supported living services are based upon need and can include:

- Assisting with common daily living activities;
- Performing routine household activities to maintain a clean and safe home;
- Assistance with health issues, medications, and medical services;
- Teaching the use of the community's transportation system;
- Teaching the use of police, fire and emergency assistance;
- Managing personal financial affairs;
- Building and maintaining interpersonal relationships;
- Participating in community life; and

- 24-hour emergency assistance.

This service includes personal care, therefore personal care cannot be added as a separate service on the plan of care. The plan of care must identify either the daily unit or the 15-minute unit based on the participant's need. The daily unit requires a minimum of 4 hours a day of services and can be reimbursed to up to three participants. The maximum of 15-minute units will be 5400 units in a plan year for the group rate and 3900 units for the individual rate. This service is available to participants age 21 and older.

Occupational Therapy

Consist of the full range of activities provided by a licensed occupational therapist. Services include assessing needs, development a treatment plan, determining therapeutic intervention, training and assisting with adaptive aids. Occupational Services through the waiver can be used for maintenance and the prevention of regression of skills. The units must be prior authorized and must be prescribed by a physician. State Plan Occupational Services are limited to restorative therapy.

Available to participants 21 years of age or older, and provided under the state plan when they are restorative. Maintenance therapy may be provided under the waiver. These services are uniquely coded. Edits to MMIS prohibit both restorative and maintenance therapy from being billed on the same day.

Physical Therapy

Consist of the full range of activities provided by a licensed physical therapist. This service assists individuals to preserve and improve their abilities for independent function such as range of motion, strength, tolerance, and coordination. It may also prevent, insofar as possible, irreducible or progressive disabilities through the use of assistive and adaptive devices, positioning, and sensory stimulation. Physical Therapy Services through the waiver can be used for maintenance and the prevention of regression of skills. The units must be prior authorized and must be prescribed by a physician. State Plan Physical Services are limited to restorative therapy.

Services available to participants 21 years of age or older, and provided under the state plan when they are restorative. Maintenance therapy may be provided under the waiver. These services are uniquely coded. Edits to MMIS prohibit both restorative and maintenance therapy from being billed on the same day.

Speech Therapy

Consist of the full range of activities provided by a licensed speech therapist. Services include screening and evaluation of participants with respect to speech function; development of therapeutic treatment plans; direct therapeutic intervention; selection, assistance, and training with augmentative communication devices, and the provision of ongoing therapy. Speech Therapy services through the waiver can be used for maintenance and the prevention of regression of skills. The units must be prior authorized and must be prescribed by a physician.

Services available to participants age 21 and older and provided under the state plan when they are restorative. Maintenance therapy may be provided under

the waiver. These services are uniquely coded. Edits to MMIS prohibit both restorative and maintenance therapy from being billed on the same day.

Agency With Choice

The financial management service (FMS) Agency with Choice provider operates as common-law employer with the Support Options Waiver participant and/or their legal representative, who serve as the managing employer, for the purpose of ensuring necessary employer-related duties and tasks, including payroll, are carried out (described below). Service is only available to people self-directing at least one service under employer authority. Participants or their legal representatives self-directing services under FMS Agency with Choice do not have budgetary authority, including the purchase of Individual Goods and Services.

Participants or their legal representatives who choose to self-direct services must choose either the Financial Management Service Fiscal/Employer Agent or the Financial Management Service Agency with Choice service. Requirements include:

1. Performing accurate and timely payroll services, providing workers compensation insurance and other benefits administration for workers, as applicable pursuant to federal and state rules and regulations.
2. Using generally accepted accounting practices for record keeping.
3. Serving as employer of record for workers employed by the agency including those who are recruited, referred and managed by participants.
4. Processing criminal background checks and Central Registry checks on prospective employees as required or requested.
5. Assuring prospective employees meet the standards for the service being provided, including when applicable, maintaining current CPR and First Aid Certification, participant specific training, general training on recognizing abuse, neglect and exploitation, Division's Notification of Incident process, service documentation, HIPAA/Confidentiality, implementing objectives, and complaints/grievance procedures.
6. Receiving, responding to/resolve and track the receipt of calls and grievances from participants and their representatives and service providers, including the reporting of incidents as a mandatory reporter.
7. Providing services in accordance with the philosophy of self-direction.
8. Establishing a system for developing and maintaining Agency with Choice, participant, service worker, and vendor records and files (both current and archived) that is secure and HIPAA compliant.
9. Providing co-employment services by serving as employer of record, so participant is the managing employer and has the rights and responsibilities to:
 - a. Recruit and refer prospective workers to the Agency-with-Choice for hire and assignment back to the participant.
 - b. Orient and train workers.
 - c. Determine workers' terms and conditions of work and work schedules.
 - d. Supervise workers' day-to-day activities.
 - e. Evaluate workers' performance.
 - f. Discharge workers as necessary from their work sites (homes).
 - g. Request that the Agency-with-Choice refer workers for consideration and assignment to the participant.
10. Develop and implement a quality assurance program to ensure continuous quality improvement including measurements of participant satisfaction.
11. Develop an FMS Agency-with-Choice Policies and Procedure Manual that includes policies, procedures and internal controls for all FMS Agency-with-

Choice tasks, including the requirements listed above. This Manual must be completed and reviewed by the DD Division before the agency can be certified in the Agency with Choice Service and must be updated as needed and at least every 12 months.

12. A Certificate of Good Standing from the WY Dept of Employment, verifying provider is in compliance with unemployment insurance and Workers Compensation requirements.

Independent Support Broker

A service that assists the participant (or the participant's legal representative, as appropriate) in arranging for, directing and managing services. Serving as the agent of the participant or legal representative, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. The Support Broker offers practical skills training to participants and their legal representatives to enable them to independently direct and manage waiver services. Support Brokers serve at the discretion of the participant and/or their legal representative.

Examples of skills training include providing information on recruiting and hiring direct care workers, managing workers, and providing information on effective communication and problem solving. The service includes providing information to ensure that participants understand the responsibilities involved with directing their services. The extent of the assistance furnished to the participant or family is specified in the individual plan of care. This service does not duplicate other waiver services, including case management. Other functions include assisting the participant in:

1. Identifying immediate and long-term needs, preferences, goals and objectives of the participant for developing the individual plan of care.
2. Making decisions about the individual budget.
3. Developing options to meet the identified needs and access community services and supports specified in the individual plan of care.
4. Negotiating rates of payments and written agreements with service providers.
5. Selecting, hiring and training service providers, as applicable.
6. Developing and implementing risk management agreements and emergency back-up plans.
7. Conducting self-advocacy and assisting with employee grievances and complaints.
8. Assisting with filing grievances and complaints to outside entities, including appropriate Financial Management Service (FMS) provider and/or DD Division.
9. Providing information and practical skills training to the participant in the following areas:
 - a. Person-centered planning and its application.
 - b. The range and scope of individual choices and options.
 - c. The process for changing the individual plan of care and individual budget.
 - d. Recruitment and hiring of service workers.
 - e. Management of service workers, including effectively directing, communicating, and problem solving.
 - f. Participant responsibilities in self-directed services, including the appeal process.
 - g. Recognition and reporting of abuse, neglect, and exploitation.

Support Brokers have responsibility for training all of the participant's employees on the Policy on Reportable Incidents and ensuring all incidents meeting the criteria of the Division's Notification of Incident Process are reported. Support Brokers must review employee time sheets and monthly FMS reports to ensure

that the individualized budget is being spent in accordance with the approved Individual Plan and Budget, and coordinate follow-up on concerns with the participant's case manager. Support Brokerage is a waiver service that is funded through the participant's individual budget. All paid Support Brokers shall be free of any conflict of interest including employment with a certified waiver provider or provision of any other Waiver service to the same participant.

Support Brokerage is a required service for the first year a participant or representative self directs services, unless the participant or legal representative meets one of the criteria below and submits a formal request to opt out of Support Broker Services. After the first year, the participant may choose Support Brokerage services as needed.

Proposed Criteria for Opting out of Support Broker Services

1. Participants/their legal representatives self-directing through the FMS Agency with Choice who demonstrate the ability to choose workers, coordinate the hiring of workers through the FMS Agency with Choice provider, and coordinate the delivery of services with the FMS Agency with Choice provider.
2. Participants/their legal representatives self-directing less than \$5,000 of support services who demonstrate the ability to hire, fire, train and schedule workers and review timesheets in a timely manner.
3. 3) Participants/their legal representatives who have successfully self-directed services for 6 months with no concerns, including hiring, firing, training, scheduling workers and reviewing timesheets in a timely manner.

Children's Habilitation Services

Provide children with regularly scheduled activities (and/or supervision) for part of the day. Services include:

- Training, coordination and intervention directed at skill development and maintenance;
- Physical health promotion and maintenance;
- Language development;
- Cognitive development;
- Socialization, social and community integration; and
- Domestic and economic management.

This includes services not otherwise available through public education programs, including after school supervision, daytime services when school is not in session, and services to pre-school age children. Service may be provided at various times of the day in multiple settings, when other waiver services would not be more appropriate, such as Respite or Personal Care. Service may occur in a single physical environment or in multiple environments, including natural settings in the community. Training activities may involve children and their families. Also includes the provision of supplementary staffing necessary to meet the child's exceptional care needs in a day care setting. Coordination activities may involve the implementation of components of the child's family-centered and individualized service plans and may involve family, professionals, and others involved with the child as directed by the child's plan.

Service is limited to children under age 18. Service is a 15-minute unit. A provider can receive reimbursement for up to two (2) participants at one time, with a limit of three (3) persons being supervised by a provider or provider staff at one time. The rate for this service, for children through age 12, does not include the basic cost of childcare unrelated to a child's disability that may be needed by parents or regular caregivers to allow them to work or participate in

educational or vocational training programs. The “basic cost of child care” means the rate charged by and paid to a childcare center or worker for children who do not have special needs, and does not include the provision of supplementary staffing and environmental modifications necessary to provide accessibility at regular childcare settings: these costs can be covered by this service. For children over age 12 through age 17, the rate has a modifier "add in" component to cover the amount of family "co-pay", which is no longer required after age 12. Service excludes any services available through public education programs funded under the IDEA. Children's Habilitation includes personal care, so providers cannot be reimbursed for providing both services at the same time. Units shall be limited based upon participant's need during non-school times and during summer, breaks, etc. Further limit is participant's budget amount.

Cognitive Retraining Services

Training provided to the participant or family members that will assist the compensation or restoring cognitive function (e.g. ability/skills for learning, analysis, memory, concentration, orientation, and information processing) in accordance with the plan of care.

Companion Services

Companion services include non-medical care, supervision, socialization and assisting a waiver participant in maintaining safety in the home and community and enhancing independence. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. Companions may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. Companion services include informal training goals in areas specified in the individual plan of care. The provision of companion services does not entail hands-on nursing care, but does include personal care assistance with activities of daily living as needed during the provision of services.

This service is available to participants 18 years of age and older. It is 15-minute unit and is available as a 1:1 service or a group rate. Companion Services provided to participants ages 18 through 20 may not duplicate or replace services that are covered under IDEA and cannot be provided during school hours. Providers can provide companion services for up to three participants at the same time. Providers cannot serve children and adults at the same time unless authorized in advance by the DD Division.

Dietician Services

Services provided by a registered dietician, including menu planning, consultation with and training for caregivers, and education for the individual served. Service does not include the cost of meals. Without this service, certain individuals would receive inadequate nourishment and would require institutionalization. Dietician Services are designated in the participant's Individual Plan of Care and are not available under the State Plan. The clientele served by this service show a pattern of chronic and unusual need requiring Dietician Services, which is not provided by the State Plan.

Environmental Modifications

Those physical adaptations to the private residence of a participant or participant's family, required by the service plan, that are necessary to ensure the health, welfare and safety of the participant or enable the participant to function with greater independence in the home. Such adaptations include the

installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant.

Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Scope and Limitations of this service are found in Medicaid Rule Chapter 44. Participants cannot have both Individual Goods and Services and Environmental Modifications on a plan of care.

Individual Directed Goods and Services

Services, equipment, and supplies that provide direct benefit to the participant and support specific outcomes in the individual plan of care. The service, equipment or supply must:

1. Reduce the reliance of the participant on other paid supports, or
2. Be directly related to health or safety of the participant in the home or community, or
3. Be habilitative and contribute to a therapeutic objective, or
4. Increase the participant's ability to be integrated into the community, or
5. Provide resources to expand self-advocacy skills and knowledge.

May include:

- Specialized equipment.
- Devices, aids, controls, supplies, or household appliances, which enable individuals to increase the ability to perform activities of daily living or to perceive, control, or communicate with the environment and/or community in which s/he lives. Includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. Includes vehicle modifications. Not including items not of direct medical or remedial benefit to the individual. All items meet applicable standards of manufacture, design, and installation.
- Transportation provided by family, friends, and other licensed drivers for using non-agency vehicles to transport the person to services and activities specified in plan of care. Unit of service is one mile and rate may not exceed current state rate for mileage reimbursement. Cannot include medical transportation covered by Medicaid State Plan.
- Home modifications or those physical adaptations necessary to ensure the health, welfare, and safety of the individual in the home, enhance the individual's level of independence, or which enable the individual to function with greater independence in the home.
- May cover cost of person to accompany person to a camp they could not attend alone if staffing not available at camp.
- Assessments. A written document that identifies participant's strengths, current availability and potential capacity of natural supports, and need for service and financial resources, if appropriate. Assessments can include interests, preferences, desires, expectations, strengths, health status, medications, conditions, treatments, functional performance, behavior and emotional factors, cognitive functioning, environmental factors, social supports and networks, and financial factors. Assessments may be based upon standardized instruments administered by persons other than team

members provided one or more team members can explain the uses and limits of the instruments to the other team members.

\$2,000 annual limit, which is approximately 10% of average current plan value less than \$35,000. DD Division may approve requests above the limit and is developing criteria to apply when reviewing these requests. Participants cannot have both Individually Directed Goods and Services and Environmental Modifications or Specialized Equipment on a plan of care.

Skilled Nursing

Services listed in the plan of care that are within the scope of the State's Nurse Practice Act. Skilled nursing services under the waiver differ in provider type (including provider training and qualifications) from skilled nursing services in the Medicaid State plan.

Skilled nursing on the Support Options Waiver may be provided by provider agencies and independent nurses as long as they meet the provider qualifications. The Wyoming Medicaid State Plan requires that skilled nursing services be provided by home health agencies that provide a minimum of two medically necessary services.

Specialized Equipment

Includes: (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items.(d) such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.

\$1,500 annual limit, which is based on an analysis of utilization of specialized equipment purchased over the most recent fiscal year by participants with plans of care less than \$35,000. \$1,500 is the approximate average of specialized equipment purchased under \$10,000. DD Division may approve requests above the limit and is developing criteria to apply when reviewing these requests. Criteria for approval above this limit may include that the specialized equipment must address critical health or welfare needs, the equipment is a one-time purchase that addresses functional limitations that cannot be purchased for under the limit, or other extenuating circumstances. Participants cannot have both Individual Goods and Services and Specialized Equipment on a plan of care.

Unpaid Caregiver Training and Education

This service enables family members and other unpaid caregivers to gain the knowledge and skills needed to participate more fully in various aspects of caring and advocating for a participant with a disability in their homes, schools and communities. Includes learning the various techniques and intervention strategies necessary to help a participant to progress, instruction on equipment use as specified in the individual plan of care, and updates as necessary to

Wyoming Department of Health– Developmental Disabilities Division
PROPOSED Support Options Waiver Services and Definitions

safely maintain the individual at home. Education includes reimbursement of travel expenses and registration fees for unpaid caregivers to attend seminars and similar opportunities for knowledge dissemination when such opportunities are approved as appropriate. Education must be included in the participant plan of care. Only training and education that is determined to be for the purpose of improving the care of the participant and/or otherwise contributing to the greater welfare of the participant will be approved. Unpaid caregivers are the persons who live with or provide care to a participant on the waiver and may include a parent, spouse, children, relatives, foster family, in-laws, neighbors or other people providing natural supports. This does not include individuals who are employed to care for the participant.

\$2,000 annual limit. The limit provides adequate funding for attending a conference, including conference fees and travel fees, depending on the location, and provides adequate funding for targeted training by professionals. The DD Division may approve requests above the limit and is developing criteria to apply when reviewing these requests. Criteria for approval above this limit may include that the unpaid caregiver training must address critical health or welfare needs, the unpaid caregiver training is a one-time training to assure unpaid caregivers can fulfill their role successfully reducing the need for waiver services, or other extenuating circumstances. All services must be prior authorized by the Developmental Disabilities Division.